

Case Number:	CM14-0185060		
Date Assigned:	11/12/2014	Date of Injury:	07/14/2011
Decision Date:	03/23/2015	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	11/06/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 49-year-old female who sustained an industrial injury on 07/14/11. She reports continued symptomatology in the cervical spine. The diagnosis is cervical discopathy. Treatments to date include medications and physical therapy. In a progress noted dated 07/30/12 the treating provider reports that surgical intervention to the cervical spine has been scheduled for the following month. On 10/10/14 Utilization Review non-certified the requested omeprazole and ondansetron, citing ODG guidelines. The Medrox was also non-certified, citing MTUS and ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

(RETRO) DOS 06/18/12 Omeprazole 20mg # 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & Cardiovascular Risk. Decision based on Non-MTUS Citation ODG: PPI.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 ? 9792.26 MTUS (Effective July 18, 2009) Page 68 of 127.

Decision rationale: No, the request for omeprazole, a proton pump inhibitor, was not medically necessary, medically appropriate, or indicated here. The attending provider indicated in his progress note that omeprazole is being employed for gastric protective effect as opposed to for actual symptoms of reflux. However, the applicant does not seemingly meet criteria set forth on page 68 of the MTUS Chronic Pain Medical Treatment Guidelines for prophylactic use of proton pump inhibitors. Specifically, the applicant is not aged 65 years of age or greater and using NSAIDs (age 49), the applicant does not have a history of previous peptic ulcer disease or GI bleeding, The applicant is not using multiple NSAIDs, the applicant is not using NSAIDs in conjunction with corticosteroids. Therefore, the request was not medically necessary.

(RETRO) DOS 06/18/12 Ondansetron 8mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 ? 9792.26 MTUS (Effective July 18, 2009) Page 7 of 127. Decision based on Non-MTUS Citation
FDA <http://www.fda.gov/Drugs/DrugSafety/PostmarketDrugSafetyInformationforPatientsandProviders/ucm271924.htm>.

Decision rationale: Similarly, the request for ondansetron (Zofran) was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS does not specifically address the topic of Zofran, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulate that an attending provider using a drug for non-FDA labeled purposes has a responsibility to be well informed regarding usage of the same and should, furthermore, furnish compelling evidence to support such usage. The Food and Drug Administration (FDA) notes that ondansetron (Zofran) is indicated to prevent nausea and vomiting caused by cancer chemotherapy, radiation therapy, and/or surgery. Here, however, there was no mention of the applicant's having any actual symptoms of nausea and/or vomiting, nor was there any evidence that the applicant had undergone any recent surgical intervention, chemotherapy, and/or radiation therapy on or around the date of the request, June 18, 2012. Therefore, the request was not medically necessary.

(RETRO) DOS 06/18/12 Medrox Pain Relief Ointment 120gms x2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, topical Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 ? 9792.26 MTUS (Effective July 18, 2009) Page 28 of 127. Decision based on Non-MTUS Citation
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88528373,d.eXY.

Decision rationale: Finally, the request for Medrox pain relief ointment was likewise not medically necessary, medically appropriate, or indicated here. Medrox, per the National Library of Medicine, is an amalgam of menthol and capsaicin. However, page 28 of the MTUS Chronic Pain Medical Treatment Guidelines notes that topical capsaicin is recommended only as a last-line agent, for applicants who have not responded to or are intolerant of other treatments. Here, however, the applicant's ongoing usage of numerous first-line oral pharmaceuticals, including Naprosyn, effectively obviated the need for the capsaicin-containing Medrox ointment at issue. Therefore, the request was not medically necessary